

FAX TRANSMISSION**DATE:** July 24, 2003**PTO IDENTIFIER:** Application Number 09/757,049
Examiner D. Lambertson
Inventor: Harold S. BERNSTEIN, et al**MESSAGE TO:** D. Lambertson
FAX NUMBER: (703) 746-8694**FROM:** MORRISON & FOERSTER LLP
Carol M. Gruppi
PHONE: (650) 813-5777
Attorney Dkt. #: 220022001720**PAGES (Including Cover Sheet):** 13**CONTENTS:**

Enclosed are the following documents:

- 1) Certificate of Facsimile Transmission (1 page)
- 2) Transmittal (1 page)
- 2) Fcc Transmittal plus copy for fee processing (2 Pages)
- 3) Supplemental Amendment (6 Pages)
- 4) Declaration of Harold S. Bernstein Pursuant to 37 C.F.R. § 1.132 (2 pages)

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PA-808968

PTO/SB/97 (12-97)

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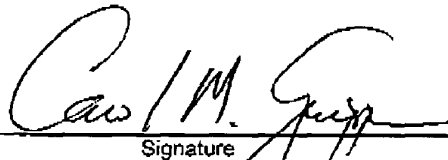
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- 4) Declaration of Harold S. Bernstein Pursuant to 37 C.F.R. § 1.132 (2 pages)

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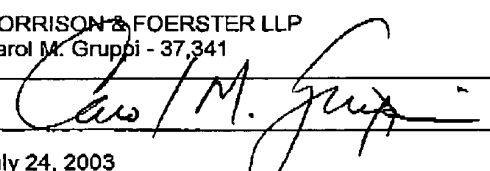
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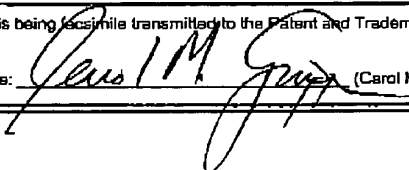
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TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i>		Application Number	09/757,049
		Filing Date	January 8, 2001
		First Named Inventor	Harold S. BERNSTEIN
		Group Art Unit	1636
		Examiner Name	D. Lambertson
Total Number of Pages in This Submission	?	Attorney Docket Number	220022001720

ENCLOSURES (check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form + copy for fee processing (2 copies) <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply (6 Pages) <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers (for an Application) <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below) 1. Certificate of Facsimile Transmission (1 page) 2. Declaration of Harold S. Bernstein Pursuant to 37 C.F.R. § 1.132 (2 pages)
Remarks: _____		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual Name	MORRISON & FOERSTER LLP Carol M. Gruppi - 37,341
Signature	
Date	July 24, 2003

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Dated: 7/24/03	Signature:  (Carol M. Gruppi)

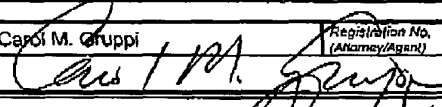
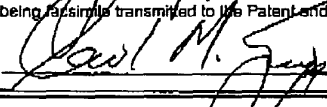
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FEE TRANSMITTAL for FY 2003		Complete if Known	
<small>Patent fees are subject to annual revision.</small>		Application Number	09/757,049
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Filing Date	January 8, 2001
TOTAL AMOUNT OF PAYMENT (\$) 130.00		First Named Inventor	Harold S. BERNSTEIN
		Examiner Name	D. Lambertson
		Group Art Unit	1636
		Attorney Docket No.	220022001720

METHOD OF PAYMENT (check all that apply)		FEE CALCULATION (continued)	
<input type="checkbox"/> Check	<input type="checkbox"/> Credit Card	3. ADDITIONAL FEES	
<input checked="" type="checkbox"/> Deposit Account	<input type="checkbox"/> Money Order		
<input type="checkbox"/> Other	<input type="checkbox"/> None		
Deposit Account Number: 03-1952			
Deposit Account Name: Morrison & Foerster LLP			
The Commissioner is hereby authorized to: (check all that apply)			
<input checked="" type="checkbox"/> Charge fee(s) indicated below			
<input checked="" type="checkbox"/> Credit any overpayments			
<input checked="" type="checkbox"/> Charge any additional fee(s) during the pendency of this application			
<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.			
FEE CALCULATION			
1. BASIC FILING FEE			
Large Entity	Small Entity		
Fee Code (\$)	Fee Code (\$)	Fee Description	Fee Paid
1001 750	2001 375	Utility filing fee	
1002 330	2002 165	Design filing fee	
1003 520	2003 260	Plant filing fee	
1004 750	2004 375	Reissue filing fee	
1005 160	2005 80	Provisional filing fee	
SUBTOTAL (1) (\$)		0.00	
2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE			
Total Claims	13	-65** =	0
Independent Claims	1	-10** =	0
Multiple Dependent			280 =
			0.00
Large Entity	Small Entity		
Fee Code (\$)	Fee Code (\$)	Fee Description	Fee Paid
1202 18	2202 9	Claims in excess of 20	
1201 164	2201 42	Independent claims in excess of 3	
1203 380	2203 140	Multiple dependent claim, if not paid	
1204 164	2204 42	** Reissue independent claims over original patent	
1205 18	2205 9	** Reissue claims in excess of 20 and over original patent	
SUBTOTAL (2) (\$)		0.00	
<small>**or number previously paid, if greater. For Reissues, see above</small>			
SUBMITTED BY		Complete (if applicable)	
Name (Print/Type)	Carol M. Gruppi	Registration No. (Attorney/Agent)	37,341
Signature		Telephone	(650) 813-5777
		Date	July 24, 2003
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